Anni	ication	٥r	Docket	Num	her

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

NUMBER FILED NUMBER EXTRA NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER SMALL			
TOTAL CHARGEABLE CLAIMS	TOTAL CLAIMS		. 46					RATE	FEE		RATE	FEE	
NOBPENDENTICLAIMS	FOR		NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 If the difference in column 1 is less than zero, enter "0" in column 2 CCLAIMUS AS AMENDED - PART II (Column 2) (Column 3) REMAINING PRESENT PRESENT AMENDED - PART III (Column 3) (Column 4) RAME DIVING PRESENT AMENDED - PART III (Column 4) (Column 5) RATE TION PRESENT AMENDED - PART III (Column 5) (Column 2) (Column 3) RATE TION PRESENT AMENDED - PART III (Column 1) (Column 2) (Column 3) REMAINING PRESENTATION OF MULTIPLE DEPENDENT CLAIM DITTIPLE DEP	TOTAL CHARGEABLE CLAIMS 46 minus 20=			• 2	26		X\$ 9=	234	OR	X\$18=	5 To		
Hamilton Highest Hig	NDI	PENDENT CLA	NIMS.	4 mir	nus 3 =	*	1.		X40=	40	OR	X80=	47
If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II CCOlumn 2)	NUI	TIPLE DEPENÈ	DENT CLAIM PI	RESENT					+135=	. 33	OR	+270=	
Column 2 Column 3 SWALL ENTITY OR SWALL	ll I	he difference i	n column 1 is	less than ze	ro, en te	or "0" in c	olumn 2		TOTAL	629	J I		4.8
Column C	, i	, GI	aims as a	MENDED	- Pap	3T (1)				1/1/20		Carrier Village	دون احم
REMAINING		(4)、病疾治疗					(Column 3)		SMALL		OR	SWALL	THE MEDICAL
Independent	₹ 12	į	REMAINING AFTER		NUA PREVI	ABER IOUSLY	EXTRA :	1	RATE	TIONAL		RATE	TIONAL
Independent		Total	AMENDMENT	Minus	** L		= 2		X\$ 9=	19=	OR	X\$18=	37 × 15.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) (Column 3) (Column 2) (Column 3) (Column 3) (Column 2) (Column 3) (Column 3) (Column 2) (Column 3) (Column 4) (Column 2) (Column 3) (Column 5) (Column 6) (Column 7) (C		Independent	4	Minus	***	4	=		X40=	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	OB	X80= .	
COlumn 1) Column 2) Column 3) CUAIMS REMAINING NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR ADDIT FEE OR X\$18= TIONAL FEE THE TIONAL F		FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	IT CLAIM		<u>.</u>	1135-		100 m	3825.HOM	
(Column 1) (Column 2) (Column 3) CLIAIMS FIRMAINING FRESENT PRESENT PRESENT FREE FREE FREE Total Minus FREE FREE FREE FREE Independent Minus FREE FREE FREE FREE Independent FREE FREE FREE FREE FREE Independent Minus FREE FREE FREE FREE Independent Minus FREE FREE FREE FREE Independent Minus FREE FREE FREE Independent Minus FREE FREE FREE Independent Minus FREE FREE TIONAL FREE Independent Minus FREE FREE X\$9= OR X\$18= Independent Minus FREE X\$0= OR X\$18= Independent Minus FREE X\$0= OR X\$0= OR Independent									TOTAL	MA		TOTAL	97,334 33,33
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AFTER AMENOMENT PAID FOR STREET TOTAL FEE X\$ 9= OR X\$18= OR ADDIT FEE OR ADDIT FEE TOTAL		TE COMP. BECKE	CLAIMS	1	HIG	HEST	Lossoff Too	1	CARLES OF	ADDI-		17.00	ADDI-
Independent Minus			AFTER		PREV	OUSLY]			RATE			RATE	TIONA FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 135=		Total	化的风影	Minus	D D	X 550	 1 (本)		X\$ 9=	The design	OR	X\$18=	76 W.11
#135= OR #270= OR ADDIT FEE OR ADDIT FEE OR ADDIT FEE OR ADDIT FEE OR TOTAL OR ADDIT FEE OR ADDIT FEE OR TOTAL OR TOTAL OR ADDIT FEE OR TOTAL OR TOTAL OR ADDIT FEE OR TOTAL	SOUE SOUE	the state of the state of		र्ग प्रदेशक लाज्या ग्राह्म			美数的		X40=		OR	X80=₄	1. (A) 1.
TOTAL ADDIT FEE OR ADDIT FEE (Column 1) (Column 2) (Column 3) (CLAIMS HIGHEST PRESENT RATE TIONAL FEE TION AMENDMENT PAID FOR FEE X\$ 9= OR X\$18= Total Winus *** = X40= OR X80=	7	FIRST RRESE	WIATION OF M	ULTIPLE DEI	ENDE	H CLAIM			+135=	13.5	OP	1084	
(Column 1) (Column 2) (Column 3) CLAIMS HEWAINING NUMBER PRESENT PREVIOUSLY EXTRA AMIENDMENT PREVIOUSLY EXTRA AMIENDMENT PAID FOR X\$ 9= OR X\$18= Independent Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM CLAIMS HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL X40= OR X80=									TOTAL	THE PARTY	OR	TOTAL	
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AMENDMENT PAID FOR FEE	O		CLAIMS		S A HIG	HEST, MBER	PRESENT		PATE				ADDI-
Independent Minus *** X40= OR X80=				<u> </u>			EXTRA	5	HAIE		13.3	HAIL	FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NOU	, PA H , G 682		Minus			動態。		X\$ 9=		OR	X\$18=	
PRICE DEPENDENT CLAIM J	ADVIE	1 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 7 April 1 1 1 1 1 2 3	***	AT OL AIR			X40=		OR	X80=	49.E
1986年1977年1998年(17日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本		KERST PRESE	NTATION OF N	OLTIPLE DE	PENDE	NI CLAIN			1125_	(1) TY	1	S\$ 35 34	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR ADDIT. FEE OR ADDIT. FEE		If the entry in colu	mn 1 is less than	the entry in col	umn 2, w	rite "0" in o	olumn 3.		· · · · ·	<u> 1 22 2</u>	∜ . :	TOTAL	

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